

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2003 - JUNE 30, 2004**

**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS**

2004 JUL 14 PM 4:09

THOMAS J PASTUSZKA  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: \_\_\_\_\_

HHS A

Division/Unit: OCEANSIDE CALWORKS WORKING TO WORK

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. 1 Hours 25/mo x \$17.19 = 5,157<sup>00</sup>

Types of work performed by GENERAL VOLUNTEERS in this category:

ASSIGNING & MONITORING CLIENTS TO CONTACT TO COMMUNITY RESOURCES, SELF-ESTEEM BUILDING AND PROGRAM COMPLIANCE

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. \_\_\_\_\_ Hours \_\_\_\_\_ x \$17.19 = \_\_\_\_\_

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____	x	_____	=	\$ _____

No. Vol	<u>        </u>	Total Hours	<u>        </u>	Total Value	\$ <u>        </u>
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

## d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar	Benefit
2a: <u>1</u>	<u>300</u>	\$	<u>5,157<sup>00</sup></u>
2b: _____	_____	\$	_____
2c: _____	_____	\$	_____

TOTALS: <u>1</u>	<u>300</u>	\$	<u>5,157<sup>00</sup></u>
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## 3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated	Value
<u>PHONE TIME</u>	\$ _____
_____	\$ _____

Item Donated	Value
_____	\$ _____
_____	\$ _____

TOTAL VALUE \$

## 4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours \_\_\_\_\_ x Rate \$ \_\_\_\_\_ =

\$ 0

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 12 x Rate \$ 25.47 =\$ 305.64

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost

TOTAL OF OTHER PROGRAM COSTS

= \$ 0

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 305.64

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 5,157.00
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ —
- ADD a + b \$ 5,157.00
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 305.64)

TOTAL PROGRAM BENEFIT

\$ 4,851.36

6. **RECRUITING:**

Please describe your recruiting programs:

WORD OF MOUTH7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

MOMY MOMIES RECEIVED VOLUNTEER OF THE YEAR 20048. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

MORE/INCREASED COOPERATION WITH JOB CLUB CLIENTS9. **GENERAL INFORMATION:**Name of Person Completing Report: DENNIS MOSELEYPhone Number: (760) 754-6074 Mail Stop N/105 E-Mail DENNIS.MOSELEY@S.D.COUNTY.CA.GOV

Volunteer Coordinator:

Phone Number: 581MS Mail Stop \_\_\_\_\_ E-Mail \_\_\_\_\_10. **DEPARTMENT CERTIFICATION:**Kate A. Yosh  
DEPARTMENT HEAD SIGNATURE7/9/04  
DATE